

Effective October 1, 2000

09754517

(Column 1) (Column 2)

| | Column 1 | Column 2 |
|---|---------------|--------------|
| TOTAL CLAIMS | 39 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 39 minus 20 = | * 19 |
| INDEPENDENT CLAIMS | 4 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

OR OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 355.00 |
| X\$ 9= | 17 |
| X40= | 40 |
| +135= | |
| TOTAL | 566 |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

OR SMALL ENTITY

| RATE | ADDITIONAL FEE |
|---------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |
| ADDIT. FEE | |

| AMENDMENT B | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE |
|-----------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |
| ADDIT FEE | |

| | |
|--------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT FEE | |

| AMENDMENT C | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| | |
|--------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADD FEE | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| | | | |
|---------------|-------------|-----------------------|------------------|
| SERIAL NUMBER | FILING DATE | PRINT NAMED APPLICANT | ATTY. DOCKET NO. |
|---------------|-------------|-----------------------|------------------|

EXAMINER

ART. UNIT PAPER NUMBER

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

Total Filing Fees Due = \$ 566
Less Filing Fees Submitted - \$ (526)
BALANCE DUE = \$ 40

☐ B. Fees due in connection with the amendment filed on _____

Total Fees Due = \$ _____
Less Fees Submitted - \$ ()
BALANCE DUE = \$ _____

ATTACHMENT: FORM PTO-875

Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ _____ Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: _____

Signature: Tadach